

GIC Health Plan Rates – Monthly Rates as of July 1, 2010

**For MOHAWK TRAIL REGIONAL SCHOOL DISTRICT
ENROLLEES**



Commonwealth of Massachusetts
Group Insurance Commission

Active Employees, Retirees, and Survivors *WITHOUT* MEDICARE

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	21%	\$ 87.41	\$209.78
Fallon Community Health Plan Select Care	21%	104.85	251.63
Harvard Pilgrim Independence Plan	28%	169.40	413.77
Harvard Pilgrim Primary Choice Plan	21%	100.84	246.30
Health New England	21%	87.23	216.24
Tufts Health Plan Navigator	28%	162.91	395.55
Tufts Health Plan Spirit	21%	96.97	235.45
NHP Care (<i>Neighborhood Health Plan</i>)	21%	87.13	230.88
UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>)	40%	322.61	753.19
UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	307.74	718.71
UniCare State Indemnity Plan/ Community Choice	28%	114.23	274.15
UniCare State Indemnity Plan/PLUS	28%	157.60	376.11

Retirees and Survivors *WITH* MEDICARE

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 90.50
Harvard Pilgrim Medicare Enhance	40%	151.78
Health New England MedPlus	40%	145.34
Tufts Health Plan Medicare Complement	40%	140.77
Tufts Health Plan Medicare Preferred*	40%	89.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>)	40%	145.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>)	40%	141.03

* Rates are subject to federal approval and may change January 1, 2011.

Rates are Calculated by the Mohawk Trail Regional School District Benefits Office.

Rate questions? Call: Benefits Administrator 1.413.625.0192, Ext. 19